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S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SHRIFCT:	BIF	URCADA LLC	
	Name of Lim	ited Liability Company	
The analogue Arrighes of A	mandment and thate) are cub	mitted for filing	
The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Charles Zamorski  Name of Person  Charles Zamorski CPA  Firm/Company  166 West Washington Suite 340  Address  Chicago, IL 60602  City/State and Zip Code  Chuck@czamorski.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Charles Zamorski  Area Code Daysine Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S55.00 Filling Fee} \Bigcircles \text{S00.00 Filling Fee} \text{Certificate of Status} \text{Certificate Opy} \text{Certificate Of Status} \text{Certificate Of Status} \text{Certificate Opy} \text{Certificate Of Status} Certificate Of			
Please return all correspon	dence concerning this matter	to the following:	
	Charle	s Zamorski	
	Page 1 Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    Charles Zamorski		
		Firm/Company	<del></del>
	166 We:	<del>-</del>	340
		Address	
	Chicago		
	chuak A	•	
	E-mail address: (	to be used for future annual report no	tification)
For further information cor	neerning this matter, please co	all:	
Charles Zamor	ski	at ( <u>312) 578-01</u>	22
		Area Code Daytii	me Telephone Number
Finchesod is a check for the	following amount:		
	_	FI \$55.00 Ellion Una Pa	57 \$60.00 Filing Faa
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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	-		•

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### BIFURCADA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			E S
The Articles of Organization for this Limited Liability Company v	were filed on .	September	23, 201, and assigned
Florida document number L13000134001			
riorida document namoci			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words and Co	ty Company," th	e designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on oui	r records, <u>enter</u>	the name of the new register
Name of New Registered Agent:			
New Registered Office Address:		Torida street addres.	
	t.nter F	torida street addres.	, ,
		. Flo	rida
	City		Zip Code
No. 10. 14. 14. A Clark of Calculation Declaration Amenda			

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being adde-or removed from our records</u>:

MGR = Manager

**AMBR** = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Dora Kravetz	10275 Collins Avenue #1030 Bal Harbour, FL 33154-1423	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□ Add
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			□Change
			□Add
			□Remove
			□Change

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ive date, if other than the date of filing:  Cective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	February 6, 2020
	Signature of a member or authorized representative of a member
	Charles Zamorski, Manager Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00